

216020653  
99522

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

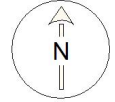
3	Total Number of Vehicles	Local No./ District 207	Agency Case No. B6-044510	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/21/2016		(In Military Time) S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> TIME OF ACCIDENT 1300		STATE USE ONLY  05/21/2016  LATITUDE  LONGITUDE					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1301	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 70th		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO							
C 1	DISTANCE FROM MILEPOST	FEET	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OF MILEPOST	HIGHWAY NO.						
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION								
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES 99.00		N S E W X					
				OF NEAREST STREET, BRIDGE, RAILROAD CROSSING Shamrock							
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
V2/M 14	MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AND MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OF NEAREST CITY OR TOWN						
E 1	R. WORK ZONE CODES	R1 3	R2 2	R3 1	R4 <input type="checkbox"/>	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO											
VEHICLE NO. 1											
F 1	DRIVER LICENSE NO.	H13688431			STATE (Of License)	NE					
V1/N 1	DRIVER	LANE T BROWN			PHONE	4023367724					
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 501 INDIANA ST, UTICA, NE 68456			DATE OF BIRTH (MM / DD / YYYY)	12/11/1997					
G 2	OWNER	LANE BROWN			PHONE	4023367724					
V1/O 2	OWNER ADDRESS	CITY, STATE, ZIP 501 INDIANA ST, UTICA, NE 68456			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
H 5	LICENSE PLATE	TF	NO.	162841	YEAR (Plate Expires)	2017					
V1/O 2	VEHICLE	YEAR	1997	MAKE	Ford	MODEL	F35				
V2/O 2	VEHICLE ID NO. (VIN)	1FTJW35F6VEA17803			BODY STYLE	Pickup truck	COLOR	black			
					ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000						
					INSURANCE COMPANY	Geico					
					TOWED TO	TOWED BY					
					POLICY NO.	442225791					
VEHICLE NO. 2											
I 1	DRIVER LICENSE NO.	H13769378			STATE (Of License)	NE					
V1/P 1	DRIVER	MALIK J ASAAD			PHONE	4692350162					
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 612 ELDORA LN APT 1, LINCOLN, NE 68505			DATE OF BIRTH (MM / DD / YYYY)	03/29/1998					
J 01	OWNER	ABDULHADI J ASAAD			PHONE	4692350162					
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 510 S. 24 #5, Lincoln, NE 68510			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
V2/Q 4	LICENSE PLATE	PA	NO.	UAB301	YEAR (Plate Expires)	2017					
V1/O 2	VEHICLE	YEAR	2001	MAKE	BMW	MODEL	301				
V2/O 2	VEHICLE ID NO. (VIN)	WBAAV53411JS90517			BODY STYLE	4 door Sedan	COLOR	blue			
					ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 5000						
					INSURANCE COMPANY	Columbia Insurance					
					TOWED TO	TOWED BY					
					POLICY NO.	AUNE00000555689					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)											
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
2	Shler Abdulkarim	612 Eldora Lane, Lincoln, NE 68505			01/01/1966	03	1	03	4	2	M
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
		4692350162	Saint Elizabeth Regional Medical Center		Lincoln Fire & Rescue						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
2	Jawad Abdulkarim	612 Eldora, Lincoln, NE 68505			01/01/1961	06	1	03	4	2	M
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
		4692350162	Saint Elizabeth Regional Medical Center		Lincoln Fire & Rescue						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044510**

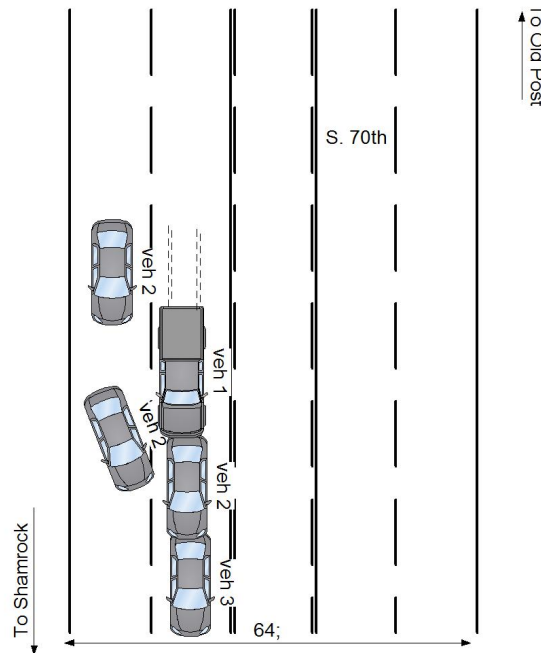
  
Indicate  
North  
by Arrow



POI #1 (veh 1&2) 99'3 North of  
the North curb of Shamrock  
19'7" East of  
the West curb of S. 70

POI 2 (veh 2&3) 79'11" North of  
the North curb of Shamrock  
18'2" East of  
the West curb of S. 70th

Skids for vehicle 1---- 12'11"



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver of vehicle 3 said she was s/b on S. 70th between Old Post and Shamrock in the inside traffic lane. Driver of vehicle 3 said she was moving s/b but that there was a lane closure up in front of her shutting off the outside traffic lane, and causing traffic to move over and slow down. Driver of vehicle 3 said vehicle 1 was behind her and traveling at a safe distance but that vehicle 2 whipped in front of vehicle 1, cutting it off, not allowing enough room and hit the rear of vehicle 2, causing it to push into vehicle 3. Driver of vehicle 1 said he was traveling s/b on S. 70th behind vehicle 3 and that vehicle 2 sped up and cut in front of him, causing him to jam on his brakes to avoid hitting it but could not stop in time to avoid hitting the vehicle. Driver of vehicle 2 said that he changed lanes from the outside lane to the inside lane of S. 70th, between vehicles 1&3, and vehicle 1 just hit the rear of him.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)														
1		X			S. 70th																		
2		X			S. 70th																		
1	01				06 Turning left																		
2	03				08 Entering traffic lane																		
					01 Essentially straight ahead																		
					02 Backing																		
					03 Changing lanes																		
					04 Overtaking/Passing																		
					05 Turning right																		
					06 Leaving traffic lane																		
					07 Making U-turn																		
					08 Entering traffic lane																		
					09 Leaving traffic lane																		
					10 Parked																		
					11 Slowing or stopped in traffic																		
					12 Other																		
					13 Unknown																		
OFFICER NO. <b>805</b>					TROOP/TEAM/BEAT <b>5</b>					DEPARTMENT <b>Lincoln Police Department</b>					Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
INVESTIGATOR NAME (Print or Type) <b>Julie Pucket</b>										INVESTIGATOR SIGNATURE <b>Approved by Officer Julie Pucket</b>										DATE OF REPORT <b>05/21/2016</b>			

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./  
District 207

Agency  
Case No. B6-044510

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/21/2016

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S. 70th

VEH. #	VEHICLE NO. 3										VEH. #		
3	DRIVER LICENSE NO.		G02044860				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3	
M	DRIVER JILL S QUINN						PHONE		4023107529		LOCAL NO.	1.	
N	DRIVER ADDRESS 2800S. 72 #35, LINCOLN, NE 68506						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		07/09/1970	18	
O	OWNER JILL S QUINN						PHONE		4023107529		LOCAL NO.	18	
P	OWNER ADDRESS 2800 S. 72 #35, Lincoln, NE 68506						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	3.	
Q	LICENSE PLATE PA NO.		TZL649		YEAR (Plate Expires)		2016		STATE (Of Plate)		NE	4.	
4	VEHICLE		2008		MAKE Mazda		MODEL MCX		BODY STYLE Medium/large		COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 200	5.
	VEHICLE ID NO. (VIN)		JM3ER293380201107						INSURANCE COMPANY		State Farm		18
	TOWED TO				TOWED BY				POLICY NO.		24482028E3027H		40

VEH. #	VEHICLE NO. 4										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE				LOCAL NO.	1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE				LOCAL NO.	3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.	
Q	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			5.	
	VEHICLE				MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	6.
	VEHICLE ID NO. (VIN)								INSURANCE COMPANY				
	TOWED TO				TOWED BY				POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 2 VEH 4				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
3		X			S. 70th															
4																				
3	01				06 Turning left				POINT OF IMPACT				1 None used - vehicle occupant				ALCOHOL TESTING			
4					07 Making U-turn				05				2 Lap & shoulder belt used				Driver No. Driver No.			
					08 Entering traffic lane				MOST DAMAGED AREA				3 Shoulder belt only used				Y Y			
					09 Leaving traffic lane				05				4 Lap belt only used				ALCOHOL LEVEL TESTED			
					10 Parked				01				5 Child safety seat used				N X N			
					11 Slowing or stopped in traffic				02				6 DOT approved helmet used				BAC LEVEL			
					12 Other				03				7 Costume helmet used				ALCOHOL/ DRUGS SUSPECTED			
					13 Unknown				04				8 Restraint use unknown				Driver No. Driver No.			
									05								1 Neither alcohol nor drugs suspected			
									06								2 Yes - alcohol suspected			
																	3 Yes - drugs suspected			
																	4 Yes - alcohol & drugs suspected			
																	5 Unknown			

Complete this section for all injured persons

DATE OF BIRTH (MM / DD / YYYY)						1	2	3	4	5	SEX M F
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.			
VEH. #	NAME ADDRESS										
	LOCAL NO.		MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.			

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B6-044510

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
805		5	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Julie Pucket			Approved by Officer Julie Pucket		05/21/2016